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Treatment strategies used to teach adults diagnosed with mental retardation appropriate interpersonal skills

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Abstract

Currently, the care of individuals diagnosed with mental retardation is moving toward meeting their needs in the least restrictive environment. Mildly retarded individuals are being guided away from the custodial care of institutions to normalized apartment settings. This integration into the mainstream of society, which allows the retarded individuals to lead as normal a life as possible, is the goal of normalization process. An expected outcome of community living is that these individuals will have increased opportunities to meet people and develop relationships. Living and working in a more free environment is a great challenge for the individual with mental retardation. One of the emergent problems from this change is the individual's apparent need to develop an understanding of appropriate interpersonal skills. This paper describes six current models in teaching interpersonal skills to individuals diagnosed with mental retardation to enable them to establish social relationships in general and appropriate dating relationships in particular. All models discussed here use a group format in some capacity, but seem to vary in their methods of teaching the appropriate interpersonal skills. Methods used in these models include: problem-solving, role- playing, feedback, therapist modeling, relaxation techniques, and facilitating a better understanding of one's feelings. Also included is the author's assessment of the models and conclusion.

TREATMENT STRATEGIES USED TO TEACH ADULTS DIAGNOSED WITH MENTAL RETARDATION APPROPRIATE INTERPERSONAL SKILLS

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Abstract

Currently, the care of individuals diagnosed with mental retardation is moving toward meeting their needs in the least restrictive environment. Mildly retarded individuals are being guided away from the custodial care of institutions to normalized apartment settings. This integration into the mainstream of society, which allows the retarded individuals to lead as normal a life as possible, is the goal of normalization process. An expected outcome of community living is that these individuals will have increased opportunities to meet people and develop relationships. Living and working in a more free environment is a great challenge for the individual with mental retardation. One of the emergent problems from this change is the individual's apparent need to develop an understanding of appropriate interpersonal skills. This paper describes six current models in teaching interpersonal skills to individuals diagnosed with mental retardation to enable them to establish social relationships in general and appropriate dating relationships in particular. All models discussed here use a group format in some capacity, but seem to vary in their methods of teaching the appropriate interpersonal skills. Methods used in these models include: problem-solving, role- playing, feedback, therapist modeling, relaxation techniques, and facilitating a better understanding of one's feelings. Also included is the author's assessment of the models and conclusion.

Introduction

During the 1950s, those diagnosed with mental retardation lived in segregated settings and were often kept apart from members of the opposite sex. However, in the 1960s and 1970s, the attitudes of the courts and other caretakers began to change, and community integration became the norm. Today the current practice is to place individuals diagnosed with mild to moderate mental retardation in the least restrictive environment. Individuals are being guided away from the custodial care offered by institutions to less restrictive group homes and supported apartment settings. For many, the movement toward a less restrictive living arrangement brings with it a number of personal opportunities not previously encountered in the more restrictive environments. For those diagnosed with mental retardation, simply being placed in the community does not always prepare them adequately for learning the interpersonal skills they need (Gumpel, 1994). This change from a more restrictive setting to living and working in a more free environment is a great challenge for the individual with mental retardation.

The individual who has led a structured life in the confines of an institution, or at home with his/her family, has lived with continuous supervision and has frequently been segregated from members of the opposite sex. This way of life offers few opportunities to develop interpersonal skills required to form intimate relationships with the opposite sex. These individuals often lack some of the social abilities necessary to interact appropriately and develop meaningful lasting relationships with other adults. In many cases, the individuals also lack the assertiveness necessary to express their feelings to others, and may also lack the empathy to understand the impact of their behavior on others (Antonello, 1996).

Many of these individuals experience the same concerns, fears, and frustrations involving intimacy and sexual issues as nonretarded people. Participant observation

studies reveal that individuals diagnosed with mental retardation present a high degree of social anxiety when confronted with heterosexual interactions (Griffiths, 1990). These individuals have a strong desire to form intimate relationships, yet lack the experience to develop appropriate interpersonal skills necessary to establish fulfilling heterosexual relationships.

Statement of the Problem

According to the American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders (1994), the essential features of mental retardation are:

1. Significantly subaverage general intellectual functioning: an IQ of 70 or below on an individually administered IQ test;
2. Concurrent deficits or impairments in adaptive functioning, i.e., the person's effectiveness in meeting the standards expected for his or her age by his or her cultural group in areas such as social skills and responsibilities, communication, daily living skills, personal independence, and self-sufficiency;
3. Onset before the age of 18 (p. 39).

There are four degrees of severity, reflecting the degree of intellectual impairment. IQ levels to be used as guides in distinguishing the four degrees of severity are:

	Degree of severity	**IQ**
1.	Mild	50-55 to approx. 70
2.	Moderate	35-40 to 50-55
3.	Severe	20-25 to 35-40
4.	Profound	Below 20 or 25 (p. 40).

Programs for individuals diagnosed with mental retardation have largely been developed for mild to moderate levels of severity. The development of domestic and

vocational skills, such as shopping, using public transportation, self-care, etc. have all been favorite targets for educational programs with high levels of success often achieved. Less attention has been paid to teaching interpersonal skills important for developing and maintaining satisfying social relationships (Jurkowski & Amado, 1993).

Persons diagnosed with mental retardation have difficulty developing intimate relationships, yet they frequently encounter non-disabled persons and media images that suggest intimacy as something normal and desirable. Thus, many people diagnosed with mental retardation yearn for interpersonal intimacy but often lack the necessary skills to initiate and maintain close relationships (Valenti-Hein & Mueser, 1990). Webster (1994) stated that these individuals will need the same level of support in the understanding and developing of intimate relationships that they require for other aspects of their lives.

In a recent empirical study McCabe and Cummins (1996) compared the sexual knowledge of individuals diagnosed with mild mental retardation to a random sample of college students. Thirty individuals (18 females, 12 males) with mild mental retardation who were living in community settings and a contrast group of 50 first year psychology students (32 females, 18 males) agreed to participate. Parallel forms of the guided interview measure sexual knowledge, experience and needs scale (McCabe, 1993) were used to assess the sexuality of both groups.

Included in the study were measures assessing feelings and needs in the areas of friendship, dating, and intimacy. Participants in the study were interviewed over two or three sessions. At the beginning of each interview, subjects were informed of the purpose of the study and the types of questions they would be asked. They were informed that they did not need to answer any question they did not wish to answer, and that they were free to stop the interview process at any time. The interview only continued once informed consent had been obtained.

The data that was collected indicated the number of correct responses for the knowledge questions, the number of participants who had various sexual experiences, and the number of participants who had positive feelings and expressed needs in a range of sexual areas.

The results from the study suggested that individuals diagnosed with mental retardation demonstrated lower levels of knowledge in the following areas: dating and intimacy, sexual interaction, contraception, pregnancy, sexually transmitted diseases, and masturbation. There were no differences between the two groups in levels of knowledge on body part identification or menstruation. Overall, participants with mild mental retardation had very little information regarding methods of expressing their sexuality or the outcomes from this sexual expression.

In the area of sexual experience, the participants with mild mental retardation indicated they had less experience than the student population in the areas of kissing, oral sex, feelings of intimacy and sexual intercourse. Overall, the individuals with mild mental retardation have experienced a more limited range and frequency of heterosexual experiences and less closeness with another person.

The study indicated a lack of knowledge in those diagnosed with mental retardation regarding intimacy and the ability to form close interpersonal relationships. Lack of knowledge about intimacy and the adoption of this attitude in regard to sexual expression may contribute to difficulties in establishing close interpersonal relationships. Thus, sex education programs should be designed to not only provide information on sexual issues, but also to provide interpersonal skills so that individuals diagnosed with mental retardation can experience the pleasure that comes from a close, caring relationship.

Sexuality is normally a natural part of every person's life. Thoughts about sexuality and the sexual expression of individuals diagnosed with mental retardation often

creates diverse reactions (Brown, 1994). Current social trends make this issue more urgent and complicated. The commitment to full integration into the community has given individuals with mental retardation new experiences, more risks, and more opportunities to make choices. Sex education programs should be designed to not only provide information on sexual issues, but also to provide skills in the interpersonal domains so that individuals diagnosed with mental retardation can experience the pleasure that comes from a close, caring relationship (Brown, 1994).

Sexuality includes gender identity, friendships, self-esteem, body image and awareness, emotional development and social behavior, as well as involvement in physical expressions of love, affection and desires. The Association for Retarded Citizens [ARC], (1992), recognizes and affirms that individuals diagnosed with mental retardation are people with sexual feelings, needs, and identities, and believes that sexuality should always be seen in the total context of human relationships.

The Association for Retarded Citizens also supports programs which encourage those individuals with mental retardation to develop expressions of their sexuality and appropriate interpersonal skills that reflect their age. The ARC also advocates that the individual with mental retardation be educated and receive proper support to protect him/her from abuse, exploitation, unwanted pregnancy, and sexuality transmitted diseases while at the same time safeguarding dignity and rights.

The problem of teaching interpersonal skills and sexual awareness to individuals with mental retardation is compounded by society's negative attitude toward the sexuality practices of this population (Valenti-Hein & Mueser, 1990). Based on misinformation and prejudice, this attitude must become more positive if society is to accept and encourage social interaction and heterosexual relationships among individuals diagnosed with mental retardation.

Mildly retarded individuals (IQ 50-70) constitute the largest number of those labeled mentally retarded. The estimate of this population in the United States is 6,332,100 (Carson & Butcher, 1992). They are considered educable and are being placed in the community, often living in normalized apartment settings with minimal staff support. This integration is necessary to allow these individuals the right to live in a more normal environment than was previously provided in the structured confines of an institution or family home. Because of the trend toward normalization, they are experiencing greater social interaction than ever before. In order for these individuals to enjoy successful social experiences, they must be aware of the appropriate interpersonal skills to conform to the demands of society (Webster, 1994).

For individuals diagnosed with mental retardation to successfully live and work in the community, there has to be some community participation in the process (Monat-Haller, 1992). Community participation includes both personal and casual social interactions. It is often these personal interactions, such as having the opportunity for meaningful relationships with friends and family that is a difficult process for the individual diagnosed with mental retardation to fully understand.

The purpose of this paper is to examine the current literature on teaching individuals diagnosed with mild mental retardation interpersonal skills that relate to dating relationships. All teaching models discussed use a group format, but vary in their methods of teaching the appropriate interpersonal skills. Methods used in the models include: problem-solving, modeling, role-playing, feedback, therapist modeling, relaxation techniques, and facilitating a better understanding of one's feelings.

Review of Selected Models

The Circle Concept (Champagne & Walker-Hirsch, 1982), uses a group process that stress that all individuals assume responsibility for acting appropriately in all

social/sexual situations. The concept provides a structural framework and a common language for dealing with a variety of sex education issues. Circles are used to teach discrimination in touching behavior. The Circle Concept has ten principles which provide a structural framework:

1. You are the most special person in the world;
2. No one touches you unless you want to be touched;
3. You do not touch anyone unless they want to be touched;
4. There are a very few people who hug you: your parents, your boyfriend or girlfriend;
5. There are a few more people you give big hugs to such as your best friend on his/her birthday;
6. You shake hands with acquaintances;
7. You wave to children;
8. You do not touch strangers;
9. Strangers do not touch you;
10. You are the most special person in the world. You decide who can touch you-you decide when to say, "Stop, you're in my circle." (p. 173)

The Circles Concept uses colored circles as a visual aid to teach individuals about the different types of relationships and the behaviors appropriate within each relationship. There are six circles: the hug circle, handshake circle, the wave circle, the private circle, the far away circle, and the stranger circle. Each circle has rules about the behavior that is acceptable within the circle and the types of people with whom it would be acceptable to engage in those behaviors.

The facilitator explains verbally, and by using body signs, that each group member is the center in the series of five concentric circles and that each individual has a right to

decide who can touch that center. There is another circle that is around the center, a little bigger, but still small; it is the size of a hug. The facilitator explains that only one or two special persons can fit into that hug circle, such as a boyfriend/girlfriend, mother/father. The facilitator then explains that there is another larger circle about the size of a big hug that a few more people can fit in. The people in this circle are friends and relatives who may kiss you when it is your birthday or on other special occasions. Another circle exists that is quite large; it is at arms length; most people whose names you may know or who you have just met fit into this circle. Group members shake hands with this group of people. The last circle is the waive circle. All other persons are considered to be a stranger and are not in the group member's circle.

Ludwig and Hingsburger (1989) found that a basic understanding of ones' feelings is the first step in teaching interpersonal skills to individuals with mental retardation. Gumpel (1994) has shown that persons with mental retardation perceive and understand pictures of facial affect differently from their non-handicapped peers. Nevertheless, many teaching programs assume that the individual has a basic understanding of feelings. A curriculum designed by Blum & Blum (1980) identifies four basic feelings states: glad, sad, mad, and scared. The model is based upon drawings of faces which express these basic feelings. The Feelings Curriculum focuses on two main goals. The first is to teach the individuals to recognize, acknowledge, and express their emotions. The second is to help them identify and label emotional/physiological states in themselves and others.

The Feeling Curriculum is taught in a group counseling format, members are encouraged to listen, respect, and identify with each other. Parents and staff are kept informed about the contents of the curriculum. The feeling faces are kept at home and staff

or parents are encouraged to refer to them during the week. This enables group members to identify and deal with situations as they arise in their natural environment.

While the Dating Skills Program (Valenti-Hein & Mueser,1990) also takes an educational approach, it differs in two important ways from many other programs that deal with social/sexual issues in adults diagnosed with mental retardation. First, it deals with all social behaviors relevant to establishing close interpersonal relationships, rather than limiting itself to just the anatomy and physiology of sexuality. Secondly, the program teaches interpersonal skills within a problem-solving format. The emphasis is on an interactive format using discussion, therapist modeling, role-play, and feedback.

The Dating Skills Program teaches a problem - solving approach to help individuals be more successful in handling a variety of situations that may occur in a dating relationship (Valenti-Hein, Yarnold & Mueser, 1994). To solve the problem five steps are applied:

1. Identifying the problem;
2. Identifying possible solution;
3. Evaluating the alternative so as to choose the best solution;
4. Employing the solution;
5. Evaluating the performance of the solution.

The group leaders begin each session by presenting the topic to be discussed and introducing a problem situation that illustrates it. Next, the group members generate alternative solutions. During this brainstorming process, no solution is criticized. Instead, all suggestions are written on a blackboard and group members are rewarded for any new solution to the problem.

Next, each solution and its consequences are modeled by group leaders, starting with the less appropriate alternatives. This enables the consequence of each solution to be made concrete for better understanding.

The leaders then facilitate the discussion by asking questions such as, "How did that work?" Modeling and discussion of each solution continues until the group determines which alternative is best.

Next, members role play the group's best alternative. It is often most effective to begin with the most outgoing participants in the group. All group members are encouraged to participate in this step.

Finally, the individuals receive feedback to help evaluate their performance. All individuals who are not directly involved in the role-play are also encouraged to observe and give feedback. The facilitator first encourages positive comments from group members as opposed to supplying them. In the case that members are unable to come up with any positive comments, then the facilitator will provide several suggestions. The negative comments are formulated in such a way that helps group members improve their performance. If there are many negative comments, the group members are asked to repeat the role play with coaching. Feedback is then highlighted so that everyone is rewarded for their improvement.

Relaxation training is often used in conjunction with the Dating Skills Program (Valenti-Hein, 1990) with individuals who have a high degree of social anxiety. The tension-release method is used to help individuals learn to relax by alternately tightening and relaxing one muscle group at a time (Bernstein & Borkovec, 1973). As group members learn to identify whether their muscles are tense or relaxed, they become able to relax their muscles without first tensing them. The facilitator can visually observe whether group members are practicing and understanding the skill.

An empirical study conducted by Mueser, Valenti-Hein, and Yarnold (1987) compared the effectiveness of combined interpersonal skills and problem-solving training with only relaxation training as a treatment strategy for individuals diagnosed with mild or

moderate mental retardation. Individuals who participated in the two groups significantly improved their social skills performance with members of the opposite sex from pretreatment to posttreatment. However, at a one-month follow-up, only participants in the combined problem-solving and social skills groups maintained or increased their skill levels. Participants in the relaxation only group declined to below their pretreatment skill levels in more than half of the skill ratings. Individuals in the social skill and problem-solving groups were rated more physically attractive and engaged in more social interaction than those in the relaxation group. The study supports the effectiveness of conducting groups using traditional problem-solving as opposed to only relaxation training to teach social skills to individuals diagnosed with mild to moderate mental retardation.

Valenti-Hein et al. (1994) extended the results of Mueser et al. (1987). Their empirical study indicated that individuals who received training in the Dating Skills Program improved heterosexual interactions. Improving the quality of interactions with the opposite sex is an important goal for the individual diagnosed with mental retardation. Such improvements may enhance their adjustment in the community and their personal well-being, as well as lower their vulnerability to sexual abuse.

Antonello (1996) proposed using group discussion with individuals with mental retardation to teach friendship and dating skills. Specific skills to be learned include: recognizing the difference between a dating relationship and friendship, recognizing when a sexual relationship is appropriate or inappropriate, recognizing special arrangements which need to be made in order to go on a date, and recognizing possible negative consequences to a sexual relationship. Individuals diagnosed with mental retardation have more difficulty in establishing and maintaining appropriate interpersonal relationships and become more easily confused about the boundaries and logistics of their relationships. Thus, learning the

basic concepts of friendship, dating, and sexual relationships enables the individual to differentiate between them and exhibit the appropriate interpersonal skills in each category.

Hingsburger (1989) emphasizes the human values of relationships to address sexual feelings and responsible behavior. The goal of his training model is to teach individuals with mental retardation the difference between friendship, love, sexual love, and staff/work relationships. He stresses the importance of each of these relationships having a unique set of rights and responsibilities. He suggests that the group process is an effective means where individuals can discuss their feelings and attitudes toward the behavior of others. Group members also learn that their behavior has an impact on others. Often individuals with mental retardation have learned to value staff over peers, and may not understand how they impact their peers in social relationships. Even individuals with ongoing sexual relationships will sometimes indicate that the relationship of prime importance in their lives are with staff. For all the importance individuals place on relationships with staff, very little emphasis has been placed on teaching about these relationships. Most of the counseling comes after the fact, when the individual has fallen in love with a support person, for example, or made demands for exclusive attention.

Griffiths (1990) identifies six principles for teaching interpersonal skills to individuals with mental retardation. She feels that interpersonal skills can be acquired through systematic teaching, but such training is often ineffective because the skills are taught in small units and not always in the appropriate social context. Instead, teaching interpersonal skills should incorporate the teaching of valued behaviors; should occur in a social context; should occur in a natural social milieu; should involve teaching individuals to evaluate social situations; and should use training techniques that promote generalization to the natural environment, and build social independence. The six principles include:

1. Target valued behaviors;

2. Teach in a context;
3. Train in a natural social milieu;
4. Teach evaluation of the social situation;
5. Utilize training techniques that promote generalization of skills to the natural environment;
6. Build social independence in the client.

These six principles have been used in a social skills board game called Social Learning of Independence through Functional Experiences (Quinsey & Varney, 1977). The game is played with three or four participants and a facilitator. The object of the game is for each participant to advance around the board and collect money earned by appropriate responses to game cards. The participant with the most money at the end of the game is the winner.

The game facilitates the learning of interpersonal skills by providing opportunities to use instruction, feedback, reinforcement, modeling, practice, and role play. It also provides motivation and rewards for active participants and new skills acquisition. Participants are encouraged through group feedback to reinforce each other's responses and give constructive feedback. The game money can be exchanged at the end of the game for social access reinforcers such as going out for coffee.

As group members become more experienced at the game, homework assignments help the participant generalize their responses to their natural environment. A critical factor in Griffith's model is to ensure that the individuals' natural learning environment supports the use of their new skillfulness in evaluating new social situations. Thus, family members and professionals who interact with the group members need to encourage them to use their new skills and reinforce their belief in themselves.

Assessment of the Models

The literature revealed a current need to teach individuals diagnosed with mild to moderate mental retardation a basic understanding of interpersonal skills necessary to establish friendship and dating relationships. The six models reviewed in this paper all use a group format. Group work with mildly mentally retarded adults is not significantly different from group process with persons of normal intelligence. Each of the training methods described within the various articles differed somewhat in their methods to facilitate increased social interaction and problem-solving skills while decreasing feelings of isolation and rejection. The group provides an environment to learn to express their emotions while modeling and practicing possible new behaviors that will assist them in their living, working, and social environment.

The models focused on a wide range of issues relating to teaching appropriate interpersonal skills. Champagne & Walker-Hirsch (1982) stressed the importance of learning about different types of relationships and the behaviors appropriate within each relationship. The use of concrete circles provides a structural framework and common language for dealing with appropriate interpersonal skills within each circle.

The Circle Concept, Champagne and Walker-Hirsch (1982) is an important starting point for teaching individuals diagnosed with mental retardation about the different types of relationships and the behaviors considered appropriate within these relationships. It is also valuable for improving self esteem and teaching protective behavior. Protective behavior programs play an important role in the prevention of sexual abuse of individuals diagnosed with mental retardation. Specifically, the ability to identify the types of touching with is OK and not OK is an important goal for the individual learning appropriate interpersonal skills.

Additionally, the model designed by Blum and Blum (1980) would be beneficial for providing the individual with a basic understanding of feelings to help them prepare for future group work teaching more complex interpersonal skills. Many models begin with an assumption that the group member has a basic understanding of feelings. This can lead to mistaken assumptions about appropriate and inappropriate forms of emotional expression.

Valenti-Hein and Mueser (1990) and Griffiths (1990) teach interpersonal skills within a problem-solving format. Many forms of traditional teaching introduce a topic, provide a solution, and then practice the solution. This fails to address the complexity of many social situations by implying that one solution is always correct. The problem-solving format trains the individual to evaluate social situations and choose the interpersonal skills most suitable in each case.

Additionally, traditional teaching methods fail to empower mentally retarded individuals, leaving them dependent on the decisions others make for them. Gumpel (1994) observed that individuals diagnosed with mental retardation would avoid failure by assimilating the immediate environment rather than thinking for themselves. The use of social problem-solving has been beneficial to assist individuals to rely less on others and more on themselves. Thus, it is also helpful in teaching individuals to recognize their new skills and to use positive self-statements.

Antonello (1996) and Hingsburger (1989) focus on the basic interpersonal skills necessary to establish acquaintances and build friendships. These interpersonal skills include: finding similarities between yourself and others; asking for a date; dealing with rejection; and giving and receiving compliments. However, they fail to address issues that tend to surface after a close interpersonal relationship has been established. Valenti-Hein and Mueser (1990) include intimacy skills in their model to further address more sensitive

topics such as compromising, resisting persuasion, setting limits on sexuality, birth control and family planning.

In contrast, Griffiths (1990) and Hingsburger (1989) stressed the importance of learning to differentiate among the types of relationships. Because individuals diagnosed with mental retardation live in an environment where interactions are primarily focused on staff, they tend to develop a restricted view of relationships. Thus, they have limited experiences with the full range of possible interpersonal skills necessary to meet many of their social needs.

An important area overlooked in many of the empirical studies is the assessment of dating skills the individual currently possesses in addition to the areas that need improvement. Valenti-Hein and Mueser (1990) found that assessment of dating skills can serve as a means of determining treatment effectiveness. Improvements in pretreatment to posttreatment can provide evidence that the strategies used were beneficial for the individual.

Additionally, a common complaint regarding treatment programs is the problem of relapse. Valenti - Hein (1990) suggests using booster sessions to serve not only as a measure of retained skills, but also as a review of the material covered in previous group sessions. She emphasizes using a "group reunion party" where the individuals have the opportunity to socialize in a "party setting." The mental health professional can individually evaluate them and naturally observe their skills in this "party setting." This technique not only allows for reassessment and review, but also in a manner that is enjoyable and unobtrusive.

Many of the social skills programs evaluated do not have a component aimed at reducing the level of anxiety in social situations. As shown in the evaluation of a social skills program by Mueser et al. (1987) it was found that although individuals showed an

increase in the level of interpersonal skills, their level of anxiety in social situations remained. This concludes that when faced with anxiety provoking situations individuals diagnosed with mental retardation may not be able to use the social skills they have been taught. For social skills to be effective they must also find ways of assisting individuals to feel more confident about themselves and relating to others.

A review by Whitehouse and McCabe (1997) views the current methods for teaching interpersonal skills more negatively. They state that most programs have focused on the transmission of knowledge, and not on the development of positive attitudes toward sexuality. Furthermore, educators and mental health professionals may acknowledge the need for these programs, but little attempt has been made to evaluate their effectiveness.

Valenti-Hein & Mueser (1990) believe that interpersonal skills are hierarchical. To be successfully implemented, each skill requires knowledge of earlier skills. Their model groups skills to reflect the degree of interpersonal intimacy they involve, where as Antonello (1996) and Griffiths (1990) emphasize a nonlinear format for teaching interpersonal skills to individuals diagnosed with mental retardation.

It is generally recognized that individuals diagnosed with mental retardation learn best if interpersonal skills are taught in the real situations where the skills will be needed, however this is often a difficult task. Griffiths (1990) utilizes training techniques that promote generalization of skills to the natural environment by using real life situations as teaching examples and using individuals in living and working life as participants and facilitators in the group sessions.

With the exception of Valenti-Hein & Mueser (1990), the models reviewed failed to address the issue of anxiety. Problems with anxiety in interpersonal situations are common among persons diagnosed with mental retardation. Relaxation training used in

conjunction with the Dating Skills Program proved beneficial for reducing anxiety as well as improving social competence (Mueser et al.1987).

Conclusion

The research on teaching interpersonal skills to individuals diagnosed with mild mental retardation indicates that there is a clear need for learning these skills due to a number of factors such as deinstitutionalization and the current practice of meeting their needs in the least restrictive environment. With the movement toward less restrictive living conditions, individuals diagnosed with mental retardation are returning to or remaining in the community. The increased independence and greater support for community connections may increase their vulnerability and potential for abuse.

Previous special education curriculum focused primarily on functional skills necessary for domestic and vocational goals. Little attention was given to understanding some of the basic skills related to an individuals' social and sexual development and the development of meaningful friendships. Learning the skills to express caring and some degree of emotional intimacy enhances relationships with others. It is important to begin this education as early as possible to maximize opportunities for integration into the community.

In this review, the models stressed the importance of teaching appropriate interpersonal skills to help individuals diagnosed with mild mental retardation build relationships with others. The group process has been used to teach about the different types of relationships and the behaviors considered appropriate within these relationships. Group work with mildly mentally retarded individuals is not significantly different from group process with persons of normal intelligence.

The group process is a safe setting where the individual can learn that their behavior has an impact on others. Since many of these individuals have often learned to value staff

over peers, they may not understand how they impact others in their home or at work. Learning about relationships leads to learning about responsibility toward others and also what one has a right to expect from others. The individual learns that by granting rights to all people, he/she earns freedom within interpersonal relationships.

It is the responsibility of the mental health professional to expand the definition of sexuality to include feelings integrated with knowledge and behavior. Effective sex education must also address the interpersonal skills necessary for competent interactions with the opposite sex.

Each of the models described within the various articles differed somewhat in their approach for teaching appropriate interpersonal skills. However, a common theme was teaching the individual to weigh alternatives, make choices, and put these choices into practice. The challenge of the mental health professional is that we have to learn how to guide individuals to make appropriate choices and yet individuals need to learn that the decision-making power is their responsibility.

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